

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER ELSIE DORIS FAMILY CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 S ALSTON AVENUE DURHAM, NC 27701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a biennial construction survey done by Bob Getchell on July 8, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on May 31, 2011. Based on this we are requiring the home to be in compliance with the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, and, the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction.	C 000		
C 143	Corridor-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having corridors blocked by a door in the path of egress. This would affect all residents by not allowing free egress in an emergency. Findings Include: The Dining Room / Kitchen door on the corridor, in the path of egress, is equipped with locking hardware.	C 143		
C 149	Outside Entrances/Exits-Handrails At Porches	C 149		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER ELSIE DORIS FAMILY CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 S ALSTON AVENUE DURHAM, NC 27701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 149	Continued From page 1 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having handrails that were not secured. Findings include: a) The front porch handrail has loose support posts at the sidewalk entrance	C 149		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the furnishings were not maintained in good condition. Findings include: a) Dining Room/kitchen chairs are worn, b) Bedroom 2 has a worn chair, c) Bedroom 1 has a chest of drawers missing a drawer. d) Bedroom 1 has end tables missing drawer handles	C 153		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER ELSIE DORIS FAMILY CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 S ALSTON AVENUE DURHAM, NC 27701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 153	Continued From page 2 e) Bedroom 3 has missing handle on chest of drawers. 2. Based on observation, housekeeping was not maintained safe in all areas. Findings include: a) Bedroom 1 has a wasp nest between the window and the screen, b) Bedroom 1 has spider webs and cob webs hanging from the ceiling	C 153		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10	C 168		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER ELSIE DORIS FAMILY CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 S ALSTON AVENUE DURHAM, NC 27701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 3	C 174		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not installed in accordance with the Licensure Rules and Building Code in effect when the facility was first licensed. This would affect all residents by not detecting smoke, activating the fire alarm, and directing residents from the building.</p> <p>Findings include: a. The smoke detector in Bedroom 3 did not sound when the equipment was activated.</p> <p>2. Based on observation, the mechanical ventilation was not maintained operating.</p> <p>Findings include: a) Mechanical ventilation in the front bathroom is not working b) Mechanical ventilation in the back bathroom is not working, c) Mechanical exhaust ventilation on dryer duct is venting under the house. d) Mechanical exhaust on the kitchen range hood is not working.</p> <p>3. Based on observation, the front walkway was not maintained safe.</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER ELSIE DORIS FAMILY CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 S ALSTON AVENUE DURHAM, NC 27701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 4 Findings include: a) There are loose, warped boards on the front walkway presenting a trip hazard. 4. Based on observation, the facility components were not maintained operable by having doors in disrepair. This could affect a residents privacy. Followup Findings: The following doors have issues: a) Staff bedroom door won't close and latch, and has a broken door knob, b) Bedroom 2 door scrubs frame and latch is loose, c) Bedroom 1 door is hitting the frame,	C 174		